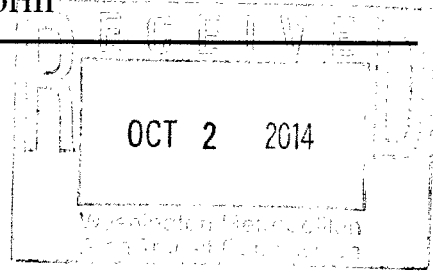


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1904					EXECUTIVE BRIEF LIMOUSINE & SEDAN SERV. LLC						
*WMATC No. *Name of Carrier (as shown on certificate of authority)											
9811 TAM O SHANTER DR				APT./SUITE		CITY		STATE		ZIP	
SAME AS ABOVE											
8185				APT./SUITE		CITY		STATE		ZIP	
(301) 877-1611				(202) 281-8185				PRESTON EBLIMO OVERZON, NET			
*Telephone				Other Telephone		Fax		E-mail			

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
-----------	----------	------------------------------------	------------------

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

PRESTON PERRY		C.E.O / OWNER	
*Name		*Title	
(202) 281-8185		PRESTON EBLIMO OVERZON, NET	
*Telephone		E-mail	

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone		E-mail	
Agent Address (must be inside Metropolitan District)		APT./SUITE		CITY	
				STATE	
				ZIP	

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A NO CHANGES

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
01	2006	CADILLAC	1B6KD57Y060171261	47727B	MD	4	<input checked="" type="radio"/>

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

PRESTON E. PERRY
*Name (type or print)

C.E.O.
*Title (not required for sole proprietors)

Preston E. Perry
*Signature

10-1-14
*Date